

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 28 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

42523  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. LouisRegistration District No. 1160

(b) Township

Primary Registration District No. 4470Registered No. 118(c) City University City(d) Street No. 7121 Maryland Ave.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

## 2. PRINT FULL NAME

John E. Bishop(a) Residence, No. 7121 Maryland Ave.St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFMaria C. Bishop6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, .....hrs.

or .....min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.Lawyer9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Rocheport  
Missouri

FATHER

13. NAME David Bishop

MOTHER

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri15. MAIDEN NAME Eliza Stice16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri17. INFORMANT Maria C. Bishop,  
(ADDRESS) 7121 Maryland Ave.,18. BURIAL, ~~PREPARED FOR REMOVAL~~PLACE BellefontaineDATE Nov. 30, 193719. FUNERAL DIRECTOR Wagoner Undertaking Co.,  
(ADDRESS) 3621 Olive St.20. FILED Nov. 29, 1937 Virginia Krichi  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from

10/12-37, 1937, to 11-27-, 1937I last saw him alive on 11-27-, 1937 Death is said

to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Date of onset

Other contributory causes of importance:

Myocardial infarction

Dr R. K. Andrews.

STATEMENT BY LICENSED EMBALMER

I, Walter King

Licensed Embalmer No. 3563

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Walter King

Licensed Embalmer No. 3563

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)